

Respite Standards

Effective February 2008

Definitions:

Care	Acts to maintain health and/or personal safety of the person.
Respite	<p>Supports provided on a short-term basis to those who are unable to care for themselves because of absence or the need for relief of those persons normally providing supports. The service may be:</p> <ul style="list-style-type: none">• Family Arranged The family is responsible for obtaining, training, oversight of the support provider and securing the respite site.• Provider Arranged The Provider Agency is responsible for obtaining, training, and oversight of the support provider, including securing the respite site (with input from the family). <p>Respite may be provided in a variety of settings:</p> <ul style="list-style-type: none">• Individual's home or place of residence or other residence selected by the person/his/her family <i>Note: "Other residence" option is not available for HASCI funded respite</i>• A home certified by SCDDSN• A facility licensed or certified by SCDDSN or SCDHEC
Supervision	Acts to protect the person from harm and/or injury.
Supports	Providing care and supervision.

Desired Outcomes:

- To maintain optimal health, safety and welfare of the person in absence of the caregiver.
- To reduce family/caregiver stress and thereby help preserve family stability.
- Reduce out- of- home placement
- Satisfaction based on the expectations of the person/family

General

- These standards replace SCDDSN Respite Standards, October 2001.
- The Provider Agency may not impose requirements upon service recipients or their representation in addition to those set forth herein.
- Respite providers may not provide skilled care (i.e. care which requires nurse training/supervision and written certification).
- Providers must follow all applicable SCDDSN policies related to this service.

Option I: **Family Arranged**

Respite provided in the person's home or other residence selected by the person or his/her representative.

A. Funded through Family Support Funds SCDDSN Respite/Family Support Contract

When the Family Arranged option is used and the family is provided with funds to purchase the service, the person/family/caregiver assumes the responsibility for assuring the safety and quality of the setting and the competency of the respite caregiver.

B. Funded through MR/RD or HASCI Waiver

When the Family Arranged option is used and the service is funded through MR/RD or HASCI Waiver, the following standards must be met:

Family Arranged Respite Funded through MR/RD or HASCI Waiver

	Standard	Guidance
1.0	Caregiver/Respite Provider must meet the following qualifications: A. Be at least 18 years of age B. Have the ability to speak, read, and write English C. Be capable of aiding in the activities of daily living D. Be capable of following the Plan of Care with minimal supervision. E. Have no record of	Reference DDSN Policy 735-02-DD Relatives/Family Members Serving as Paid Support Providers of Respite Services Reference MR/RD Waiver Manual , Appendix B-2, Attachment 2 Checks must be done within three months prior to the provision of the respite.

	<p>neglect, crimes committed against another or felonious conviction of any kind.</p> <p>F. Be free of communicable diseases</p> <p>G. Possess a valid driver's license if required as part of the job.</p>	
2.0	The person or his/her representative must acknowledge that the setting in which the service will be provided was chosen by them and has not been licensed, inspected or approved by SCDDSN or the provider agency.	Documentation of this acknowledgement must be kept on file by the Agency.
3.0	<p>The caregiver/respite provider must demonstrate competency by successful completion of exams designed to measure knowledge in the areas of:</p> <ol style="list-style-type: none"> 1. Confidentiality 2. Supervision 3. Prevention of abuse & neglect 4. First aid 	
4.0	<p>The caregiver/respite provider must be deemed by the service recipient's responsible party competent without testing or successfully complete exams designed to measure knowledge in the areas of:</p> <ol style="list-style-type: none"> 1. Fire Safety/disaster preparedness 2. Understanding disabilities or orientation to Head and Spinal Cord injuries 3. Signs and symptoms of illness and seizure disorders 	Understanding disabilities or orientation to head and spinal cord injuries must be specifically related to person/family needing services.
5.0	Documentation must be present to show that the	

	service was rendered on the dates for which reimbursement is requested.	
6.0	Payment for services is made to the service provider, not to the service recipient or his/her representative.	

Option II: Licensed Respite

Respite provided in a home certified by SCDDSN or a facility licensed or certified by SCDDSN or SCDHEC

Licensed Model Respite Standards

	SETTINGS	GUIDANCE
1.0	Respite may be provided in: A. Foster Homes B. Medicaid certified ICF/MR C. Group home D. Licensed Respite Facility E. CRCF F. Licensed nursing facility G. The license as specified above must be current at the time respite is provided. H. The licensed capacity cannot be exceeded.	Foster Home licensed by SCDSS as a foster home or by SCDDSN as CTH I ICF/MR that is licensed by SCDHEC and certified by SCDHEC as an ICF/MR Group Home certified by SCDDSN as a community training home II Licensed Respite Facility: settings licensed by SCDDSN as a respite facility. CRCF licensed by SCDHEC Hospital licensed by SCDHEC Nursing Home licensed by SCDHEC IF respite is to occur in A DDSN funded facility provisions of 502-01-DD "Admissions/Discharge of Individuals To/From DDSN Funded Community Residential Settings" must be followed.
2.0	To be licensed as a Respite Facility, the setting must:	Equipment such as stove, refrigerator, furnace, air conditioner in good working order. Obvious hazards such as pool without proper safety

	<p>A. Be in good working order</p> <p>B. Be free from obvious hazards</p> <p>C. Generally clean and free of undesirable odors</p> <p>D. Have a system for heating and cooling</p> <p>E. Have at least one non-coin operated telephone</p> <p>F. Have at least one toilet and lavatory with hot/cold running water for every 6 people using the Respite Facility</p> <p>G. Have at least one shower (or bathtub) for every 6 people using the Respite Facility if bathing is part of the routine of the service recipient during the hours of care.</p>	equipment, uncovered well, etc.
3.0	<p>If respite will be provided during sleeping hours, appropriate sleeping space must be provided:</p> <p>A. Maximum of two (2) people per bedroom with minimum of 36" between beds.</p> <p>B. People who are six years of age and older and are of opposite sex may not share bedrooms/sleeping space.</p> <p>C. Bedrooms/sleeping space may not be located in a detached building, unfinished attic or basement,</p>	

	<p>stairway, hall or room commonly used for a purpose other than sleeping/bedroom.</p> <p>D. Each bedroom/sleeping space must have a window</p> <p>E. Each bedroom/sleeping space must be at least 80 sq. feet or 120 sq. feet for double occupancy.</p>	
4.0	<p>If respite will be provided during sleeping hours, each recipient must be provided with their own:</p> <p>A. Bed and clean, comfortable mattress and pillow of proper size and height</p> <p>B. Clean bedding appropriate to weather</p> <p>C. Sufficient, accessible storage</p>	
	PERSONAL RIGHTS & PROTECTIONS	GUIDANCE
5.0	<p>Caregivers/respite providers and Provider Agencies must advocate for the person to insure the person's constitutional, civil and human rights are protected.</p>	

	SUPPORT PROVIDER & HOUSEHOLD MEMBERS	GUIDANCE
6.0	<p>Prior to providing services, respite providers and adult household members must pass the following criminal background checks:</p> <ul style="list-style-type: none"> A. South Carolina State Law Enforcement Department Check B. South Carolina State Law Enforcement Department Sexual Offender check C. South Carolina Department of Social Services Central Registry of Child Abuse and Neglect check. D. Driver's license checks if job duties require transportation of people receiving services. E. FBI check if respite home serves children (below age of 17 years old) 	<p>No person may provide respite or live in a licensed respite facility who has been convicted, pled guilty or nolo contendere to:</p> <ul style="list-style-type: none"> A. Abuse, neglect or mistreatment of a consumer in any health care setting; B. An "Offense Against the Person" as provided for in Chapter 3, Title 16; C. An "Offense Against Morality or Decency" as provided for in Chapter 15, Title 16; D. Contributing to the delinquency of a minor as provided for in Section 16-17-490 E. The common law offense of assault and battery of a high and aggravated nature; F. Criminal domestic violence, as defined in Section 16-25-20 G. A felony drug-related offense under the laws of this state; and H. A person who has been convicted of a criminal offense similar in nature to a crime previously enumerated when the crime was committed in another jurisdiction or under federal law; has a substantiated history of child abuse and/or neglect and/or convictions of those crimes listed in SC Code 20-7-1642 and/or is listed on the SC Sex Offender Registry. <p>South Carolina Code of Law Section 44-7-2910; Article 23. Criminal Record Checks of Direct Care Staff</p>
6.1	<p>Respite providers must be:</p> <ul style="list-style-type: none"> A. Physically and mentally able to implement the person's plan care B. Free from tuberculosis 	<p>DDSN Policy 603-06-DD Guidelines for Screening for Tuberculosis This applies to other household members in a CTH I.</p> <p>Physical exam by a licensed physician, licensed physician's assistant, Licensed Nurse Practitioner.</p>

6.2	<p>Respite providers must be trained:</p> <p>A. To ensure that they can properly implement the supports outlined in the person's respite plan of care.</p> <p>B. To correctly perform required documentation</p>	
	CARE & SUPERVISION	GUIDANCE
7.0	<p>Prior to providing respite services, the caregiver/respite provider must be provided a Plan of Care that identifies essential information to maintain the person's health, safety and welfare.</p>	<p>Information must be included on handling illnesses or injuries that might occur during the respite stay.</p> <p>The Plan of Care is updated as needed as determined by the person normally providing the care and supervision at home to ensure the Plan of Care is current at all times. A copy of the Plan of Care is on-site & easily assessable for support person.</p>
7.1	<p>Supports must be implemented as stated within the plan of care.</p>	
	HEALTH SERVICES	GUIDANCE
8.0	<p>People receiving respite meet the provisions of DDSN Policy 603-06-DD Guidelines for Screening for Tuberculosis</p>	
8.1	<p>Medications/treatments are taken safely and accurately,</p>	<p>Medication has not expired</p> <p>There are no contraindications, i.e. no allergy for the drug</p> <p>Given at:</p>

	as prescribed.	<ul style="list-style-type: none"> • Proper time • Prescribed dosage • Correct route
8.2	<p>If respite is provided during mealtimes, people must be offered planned meals which:</p> <p>A. Constitute a well balanced diet</p> <p>B. Served at regular times comparable to normal mealtimes in the community</p> <p>C. Served in appropriate quality, form, temperature and with appropriate utensils.</p> <p>D. Special and modified diets must be served as instructed.</p>	

Note: This form is not mandatory. It is a sample form only.

SAMPLE RESPITE PLAN

DATE _____

Basic Information for Support providers

Name:	
Birth date:	Social Security Number:
Primary Contact:	
Home Phone:	Work Phone:
Service Coordinator and Phone:	
Work/School/Day Program:	
Address/Phone:	

Emergency Phone Numbers

Emergency Contact (if different from Primary Contact):
Phone:
Address:
Primary Physician:
Phone:
Address:
Health Insurance Company:
Policy Number:
Hospital Preferred:
Phone
Address:
Dentist's Name:
Phone:
Address:
Dental Insurance Company:
Policy Number:
Other people who may be contacted:
Pastor or Church:
Phone:

Allergies: Yes No

Allergy To	Anticipated Response/Reaction	Action Required

Medications/Medical Information

Name of Medicine	Dosage	Time to be given	How to be given	Side effects	To be given during respite stay
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no

Seizures

Should the support provider expect seizures? If so, describe in detail:
How long does a seizure usually last?
What happens before a seizure?
What happens after a seizure?
What should a support provider do during a seizure?

How should the seizure be recorded?
Who should be contacted afterwards?
Other:

Behaviors

Should the support provider expect challenging behaviors? If so, describe in detail.
Is there a behavior support plan? If so, support provider should be trained on how to implement.
What happens before the behavior?
What happens after the behavior?
What should the support provider respond during the behavior episode?
Should the behavior be recorded?
Who should be contacted?

Diet

Is there a specific diet?
Special preparations?

Are there foods that should not be eaten?
Which foods are preferred?
Which foods are not preferred?
Comments:

Adaptive Equipment, Aids and Devices

Are special adaptive equipment aids and devices needed? If yes, please describe:
Has the caregiver/provider been trained on the use of adaptive equipment aides and/or devices?

Daily Routine

Please describe how a typical day is spent:

	Weekday	Weekend
6 to 7 a.m.		
7 to 8 a.m.		
8 to 9 a.m.		
9 to 10 a.m.		
10 to 11 a.m.		
11 a.m. to Noon		
Noon to 1 p.m.		
1 to 2 p.m.		
2 to 3 p.m.		
3 to 4 p.m.		
4 to 5 p.m.		
5 to 6 p.m.		
6 to 7 p.m.		

7 to 8 p.m.		
8 to 9 p.m.		
9 to 10 p.m.		
10 to 11 p.m.		
11 p.m. to Midnight		

Daily Living Skills

Specify type and degree of assistance needed in each area:

Eating: Right-handed Left-handed Problems with swallowing, choking? Describe assistance/supervision required when eating:
Bathing: Prefers Tub: _____ Shower: _____ Other: _____ Can regulate water temperature? yes No Describe assistance/supervision required when bathing:
Dressing:
Toilet and related hygiene:
Grooming (hair, care of teeth, etc.):
Bedtime: Describe normal comfortable, resting position
Communication skills:
Walking:
Other:

Recreation

(For children)

List toys your child likes to play with:
What activities does your child enjoy?

What activities does your child dislike?
Are there objects/activities that frighten your child?
Does your child enjoy playing with other children? Who are favored playmates?
Where are toys/games/recreational items located?
Other comments/suggestions:

Recreation and Leisure

(For adults)

List recreational or leisure activities you enjoy:
Are facilities for recreational or leisure activities located nearby?
Will the support provider provide or assist with transportation?
Who will pay for the support provider to participate in the activity
Will the support provider attend leisure activities on his/her day off?
Other comments/suggestions:

Signature of person/guardian
Date

Signature of Respite Coordinator